

Rehabilitation Literature

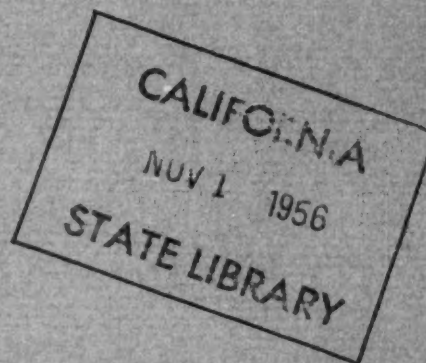
October, 1956
Vol. XVII, No. 10

COMPILED AND PUBLISHED
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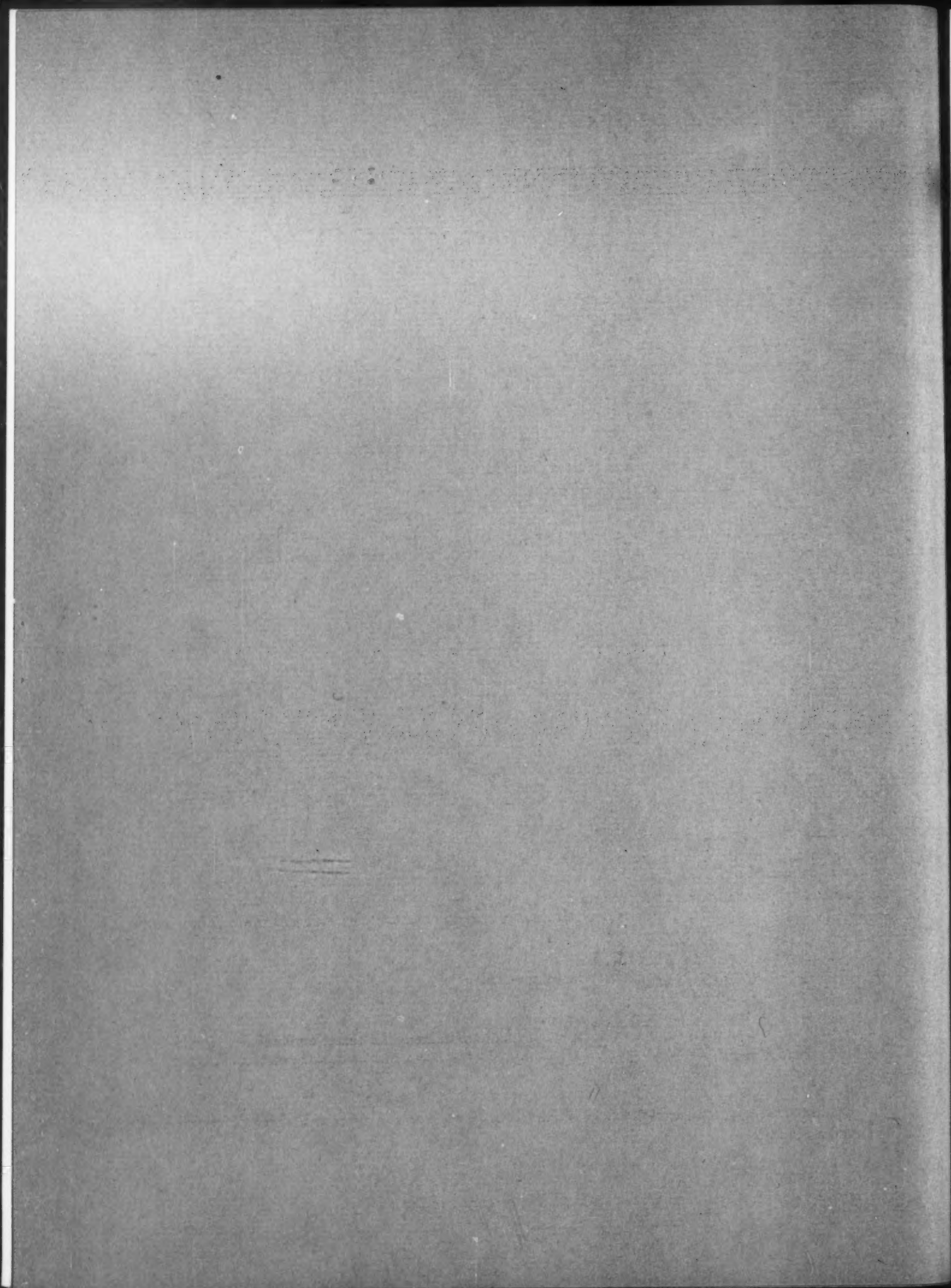


Selected Abstracts of
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to Workers with the Handicapped

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ACCIDENTS

1173. Jacobs, Herbert H.

Mathematical, psychological, and engineering aspects of accident phenomena:
I. Operational aspects of the accident proneness concept, by Herbert H. Jacobs;
II. The development of engineering techniques for the evaluation of safety programs, by Robert J. Schreiber; III. The application of statistical control techniques to the study of industrial and military accidents, by Sebastian B. Littauer. Trans., N. Y. Acad. of Sciences. Jan., 1956. Ser. II:18:3:261-277. Reprint.

"The studies which form the basis for these papers were sponsored by the Commission on Accidental Trauma of the Armed Forces Epidemiological Board and are supported by the Office of the Surgeon General, Department of the Army, through Dunlap and Associates, Inc. . . ."--Ed. note.

The first article in the series reports a study of the accident selection problem as regards screening, rejecting, replacing, retraining, rehabilitating or reassigning. Results of the study seem to offer considerable substantiation to the accident proneness concept in general but the author suggests that proneness research may have much less promise in terms of potential application than other forms of accident research.

In the second study reported here objective of the research was directed toward developing a method of evaluating the various educational measures in safety programs in terms of some measurable quantity whose statistical characteristics are known. Indications are that the control chart technique fulfills requirements for the statistical analysis of behavioral data.

The third reports a study to determine the effectiveness of statistical control methods in the analysis and control of industrial accident frequencies.

Single copies of this issue of the Transactions are available from the New York Academy of Sciences, 2 E. 63rd Street, New York 21, N. Y., at \$1.00.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION--PROCEEDINGS

1174. American Occupational Therapy Association

Digest of speeches from the... Conference, October 25-28, 1955.... Am. J. Occupational Ther. July-Aug., 1956. 10:4 (Pt. 2):199-247.

In same issue: Digest of speeches from the... Institute, October 24-25, 1955.... p. 181-198.

Contents of the Conference: (Session on Psychiatry): The changing concept of the occupational therapist in psychiatry, David G. Shaw, Albert T. Voris, and Doris Taggart Cutting. -(Session on Cerebral Palsy): Coordinating our resources for the cerebral palsied, Marcia Hays, Carl E. Anderson, Peter Cohen, Patricia Holser, Ada Marie Lawson. -(Session on the Retarded Child): A pediatrician looks at mental retardation, Franz Baumann. -Current theories in etiology of mental retardation, William J. Wedell. -Educational considerations, Evelyn L. Blackman. -Some contemporary thinking on therapy and training of retarded children, Robert L. Brigden. -(Session on Orthopedics): Bracing for the post-poliomyelitis patient, Edwin R. Schottstaedt and Evelyn Alexander. -(Session on Neurology): Neurophysiological mechanisms utilized in the treatment of neuromuscular dysfunction, Margaret S. Rood. -Spastic hemiparesis; an expression of faulty "feedback?", Walter J. Treanor and Raoul C. Psaki. -Therapeutically influenced recovery, Mary Reilly. -Specific treatment techniques, Adelaide M. Ryerson. -(Session on Prescribing Occupational Therapy): Prescribing and attaining predetermined goals:

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION--PROCEEDINGS (continued)

Neuropsychiatry, H. K. Elkins, N. Meryl Van Vlack, and Stanley E. Marcil. - Tuberculosis, William Cassidy and Sue Kindall McHenry. - Orthopedics, Karl E. Carlson and Guinevere Wright. - The psychosomatic approach to prescribing occupational therapy, Karl J. Deissler. - Occupational therapy five years later, Sedgwick Mead. - Psychodynamic aspects of occupational therapy, Leonard V. Wendland.

Contents of Institute: (Theme: The patient's point of view): Foreword, the Institute Committee. - The emotional reaction of the patient, Maurice Grossman. - The patient as an individual, Mabel Whitehead. - How the family influences the patient, Ruth Cooper. - Communication in occupational therapy, Gregory Bateson. - Patient's motivation, G. Margaret Gleave. - Group discussions; summary, Maurice Grossman. - The occupational therapist studies the patient's motivation, G. Margaret Gleave.

The Eleanor Clark Slagle Lecture, given at the opening session of the Conference, was titled "Equipment designed for occupational therapy," and was delivered by Florence M. Stattel. It is included in this issue.

AMPUTATION

1175. Grynbaum, Bruce B. (400 E. 34th St., New York 16, N. Y.)

Rehabilitation of the elderly amputee, by Bruce B. Grynbaum and Edward E. Gordon. J. Chronic Diseases. Sept., 1956. 4:3:292-295.

A discussion of the factors influencing the decision to fit the elderly amputee with a prosthesis. A complete medical examination is necessary to determine the general state of health since it commonly determines success in the use of a prosthesis. Physiologic, not chronologic, age is the deciding factor. Often psychiatric help is necessary to overcome unfavorable personality characteristics hindering rehabilitation. Contraindications to prescription of a prosthesis are severe cardiovascular disease, inadequate motor coordination, and senile mental changes. Economic problems of the aged call for community aid in the purchase of prosthetic devices and training in their use.

AMPUTATION--EQUIPMENT

1176. World Health Organization

Amputaciones y protesis; informe de una Conferencia sobre Protetica, Copenhagen, 23-28 de agosto de 1954. Geneva, WHO, 1955. 58 p. illus., tabs.

Spanish translation of: Amputees and prostheses; report of a conference on prosthetics.... (Technical rep. ser. no. 100)

Both French and Spanish translations of this report by the World Health Organization, the English edition of which was annotated in Rehabilitation Literature, Aug., 1956, #912, are available from the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y., at 60¢ a copy.

AMPUTATION--PERSONNEL

See 1248; 1275.

ARCHITECTURE (DOMESTIC)--GREAT BRITAIN

1177. Great Britain. Central Council for the Care of Cripples

The disabled at home; report of a residential conference held at Halliday Hall, University of London...April 3-5, 1956. London, The Council, 1956. 47 p. 2s.

At the Conference discussions centered around housing for the disabled in Great Britain, agencies responsible for its provision, types of adaptations to existing housing, local handling of housing problems, implementation of home industry and workrooms for the severely disabled, problems of home care of discharged hospital patients, and the provision of aids to the homebound.

Available in the U.S. from International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y., at 50¢ a copy.

ARTHRITIS

See 1274; 1295

ASTHMA

1178. DeRango, Audrey Evans (809 S. Marshfield, Chicago, Illinois)

A program of respiratory rehabilitation for asthma and emphysema.

Ill. Med. J. Feb., 1956. 109:2. (6) p. Reprint.

Describes a program of therapeutic exercises used at the University of Illinois Research and Educational Hospitals as an adjunct in the treatment of patients with asthma and emphysema, aimed at decreasing the severity of attacks, increasing activities the patient can tolerate without shortness of breath, improving posture, decreasing the accumulation of secretions, and lessening pain and fatigue in accessory respiratory muscles. Preliminary evaluation of results obtained from such a program shows promise of improvement in patients.

BLIND--EMPLOYMENT

1179. MacFarland, Douglas Cortland (15 W. 16th St., New York 11, N. Y.)

A study of work efficiency of blind and sighted workers in industry. New York, Am. Foundation for the Blind, 1956. 58 p. tabs. (No. 5, Research ser.) 70¢.

A research project completed with the aid of a fellowship grant from the American Foundation for the Blind, and presented by Dr. MacFarland as his doctoral dissertation (School of Education, N. Y. Univ., 1955). He reviews the literature in this particular field, summarizing briefly a few articles which are typical of writings now available. Procedures used in collecting the factual data are described; testing procedures and administration, personal data obtained from test subjects, and an analysis of job classifications of workers and types of industries in which they were employed are given. Results for six components of work efficiency used in the study plus data from the intelligence and motor skills tests are presented in tabular form. Samples of the questionnaire and case history forms used in the study are included.

BRAIN

1180. Lassek, A. M. (Boston Univ. School of Med., Boston 18, Mass.)

Irreversibility of motor function following bilateral simultaneous cortical lesions, by A. M. Lassek and Sara L. Emery. Neurology. Aug., 1956. 6:8:547-551. Reprint.

BRAIN (continued)

A report of extirpation experiments made with monkeys (primates) to determine, if possible, what cortical ablations of the cerebrum, their location, and extent, are necessary to produce irreversibility of motor function on the one hand and reversibility on the other.

BRAIN INJURIES

1181. Solnitzky, Othmar (3900 Reservoir Rd., N. W., Washington 7, D. C.)

Disturbances of language formulation and expression. G.P. (General Practitioner). Sept., 1956. 14:3:83-94.

The second in a series of five articles relating to problems of brain damage in children, this current one discusses the various parts of the cerebral cortex which directly or indirectly are concerned with the function of speech, the normal processes underlying the cortical mechanism of speech, and how lesions in the various cortical areas affect aspects of speech--understanding, expression, formulation, or calculation.

See also 1262.

BRAIN INJURIES--ETIOLOGY

1182. Pasamanick, Benjamin (Columbus Receiving Hosp., Univ. Health Center, Columbus 10, Ohio)

Socioeconomic status and some precursors of neuropsychiatric disorder, by Benjamin Pasamanick, Hilda Knobloch, and Abraham M. Lilienfeld. Am. J. Orthopsychiatry. July, 1956. 26:3:594-601.

In summarizing their studies, the authors conclude that "there are positive and probably etiologic relationships between low socioeconomic status and pre-natal and paranatal abnormalities which may in turn serve as precursors to retarded behavioral development, and to certain neuropsychiatric disorders of childhood such as epilepsy, cerebral palsy, mental deficiency, and behavior disorders"

See also 1208.

CAMPING

1183. Yoffa, Gretchen (155 E. 44th St., New York 17, N. Y.)

Camping together, by Gretchen Yoffa and Eleanor D. Lloyd. Cerebral Palsy Rev. May-June, 1956. 17:3:69-71.

A description of camping experiences and what they have meant to some cerebral palsied girls and their families. The writers, both members of the national headquarters staff of Girl Scouts, recommend procedures for helping to integrate the child with a handicap into established camp programs.

CEREBRAL PALSY

1184. Hipps, Herbert E. (1612 Columbus Ave., Waco, Tex.)

Basic teaching-training principles for the patient with cerebral palsy. Am. J. Surgery. May, 1956. 91:5:715-718. Reprint.

An editorial.

A discussion of some of the fundamental concepts of teaching and training as psychologists and teachers of today know and use them, showing how they may be applied to the teaching and training of the cerebral palsied child.

See also 1183; 1201; 1220.

CEREBRAL PALSY--NEW YORK

1185. Kleinhans, Thelma (United Cerebral Palsy Assn. of Syracuse, Syracuse, N. Y.)

The program for adults with cerebral palsy at the United Cerebral Palsy Association of Syracuse, New York. Cerebral Palsy Rev. May-June, 1956. 17:3:72-73.

Describes activities, staff, and services offered at an adult cerebral palsy center now operating on a five-day weekly schedule.

1186. New York. Joint Legislative Committee to Study the Problem of Cerebral Palsy

Report of the... New York, The Committee, 1956. 59 p. tabs. (Legislative doc. (1956), no. 59)

The current annual report of the Committee covers services, facilities, and personnel provided for care, treatment, and training of the cerebral palsied by various departments of New York State; the progress made in implementing previous recommendations of the Committee; current problems in the field of cerebral palsy; and Committee recommendations to the 1956 session of the New York State Legislature.

The appendix offers statistical data provided by the State Departments of Health and Education, as well as reports of two studies related to education of cerebral palsied children.

Available from William J. Butler, Chairman (of the Committee), State Office Bldg., Albany 1, N. Y.

CEREBRAL PALSY--SOUTH DAKOTA

1187. Bruner, R. E. (3811 Broadway, Kansas City 2, Mo.)

Consultant clinics for cerebral palsied and brain damaged children. S. Dakota J. Med. Apr., 1956. 9:4:136-138. Reprint.

The author, medical director of his own hospital-school for cerebral palsy in Kansas City, is also consultant to several regional and state-wide clinics in Kansas, Missouri, Iowa, and Nebraska. This outline of the functions and routines of a cerebral palsy clinic was written at the request of the Editor of South Dakota Journal of Medicine on the occasion of Dr. Bruner's first clinic conducted in Aberdeen in 1956. A brief description of the Cerebral Palsy Clinic in Aberdeen is included.

CEREBRAL PALSY--DIAGNOSIS

1188. Molhave, A. (Univ. Clinic of Pediatrics, Rigshospitalet, Copenhagen, Denmark)

Clinical analysis of static and dynamic patterns in cerebral palsy with a view to active correction, by A. Molhave and P. Plum. Arch. Phys. Med. and Rehab. Aug., 1956. 37:8:480-486.

An article outlining the pathophysiological mechanism of cerebral palsy and analyzing a few static and dynamic patterns in paraplegia. Described is a method for demonstrating the impaired capacity for selective movements. Therapeutic aim of the treatment outlined is the development of selective voluntary movement during manual correction of the postural alteration. Emphasis is on the correction of existent alterations in muscle length by training the shortened muscles in elongation and vice versa.

CEREBRAL PALSY--EMPLOYMENT

See 1284; 1285.

CEREBRAL PALSY--INSTITUTIONS--OHIO

1189. Zimmerman, James P. (Lima Memorial Hosp., Lima, Ohio)

A home habilitation program for children having cerebral palsy, by James P. Zimmerman and Herbert J. Oyer. Cerebral Palsy Rev. May-June, 1956. 17:3:58, 68.

A description and evaluation of services provided by a monthly clinic set up for home instruction, follow-up, and to a limited extent, evaluation and screening of cases. The Lima Memorial Hospital provided space and equipment; the local United Cerebral Palsy affiliate conducted and financed the program. Services offered were speech and physical therapy, with the local medical profession providing medical prescription and assistance to the physical therapist. One year's operation of the program has proved that home habilitation is worthwhile in bringing limited progress. To continue such a program over an extended period of time seems unwise, however, as these children need an intensified, well-rounded clinical program.

CEREBRAL PALSY--PARENT EDUCATION

1190. Ohio. Cleveland Hearing and Speech Center

Un niño tiene parálisis cerebral. New York, Internatl. Soc. for the Welfare of Cripples, 1955. 22 p.

Spanish translation of: A child has cerebral palsy. Cleveland, The Center, c1954. 16 p. (Preschool ser. pam. 5)

The original pamphlet, in English, was issued in revised form in 1955 by the Cleveland Hearing and Speech Center for parents of cerebral palsied children. This translation, made possible through the aid of the Gustavus and Louise Pfeiffer Research Foundation, is available from the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y., at 25¢ a copy.

CEREBRAL PALSY--RECREATION

1191. New York. Coordinating Council for Cerebral Palsy in New York City ((47 W. 57th St., New York 19, N. Y.)

Recreation for those who have cerebral palsy; recommended standards for agencies, a report of the Sub Committee on Recreation of the... Cerebral Palsy Rev. May-June, 1956. 17:3:56-57, 81.

Presents guiding principles for sound recreation programs for the cerebral palsied. Covered are the philosophy and approach to recreation, implementation of the program which includes such aspects as grouping, equipment, intake, integration of programs, training of voluntary and paid personnel, and differences in programs for varied age groups. Recommendations for summer camping programs away from home are given.

CEREBRAL PALSY--SPEECH CORRECTION

1192. Irwin, Orvis C. (Iowa Child Welfare Research Station, Univ. of Iowa, Iowa City, Iowa)

Substitution and omission errors in the speech of children who have cerebral palsy. Cerebral Palsy Rev. May-June, 1956. 17:3:75.

Reports findings of a study to test whether the relationship of substitution and omission errors, which was found with normal preschool children, holds also for the pronunciation of five consonants by children having cerebral palsy. It was found not to apply with the cerebral palsied; rather, omissions occurred significantly more frequently than substitution errors in the three groups tested.

CEREBRAL PALSY--SPEECH CORRECTION (continued)

1193. Kastein, Shulamith

Guia para la higiene del habla para los padres de niños que tienen parálisis cerebral. New York, Internatl. Soc. for the Welfare of Cripples, 1955. 22 p.

Spanish translation of: Speech hygiene guidance for parents of children with cerebral palsy, by Shulamith Kastein. New York, Cerebral Palsy Soc. of New York, 1949.

A translation of a pamphlet originally issued in 1949, describing an experimental program for preschool children with both cerebral palsy and delayed speech, set up as part of the work of the Pediatric Cerebral Palsy Clinic of Vanderbilt Clinic, Columbia Presbyterian Medical Center, New York City. It is available from the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y., at 25¢ a copy.

CEREBRAL PALSY--STUDY UNITS AND COURSES

1194. New York. Nassau County Cerebral Palsy Association (380 Washington Ave., Roosevelt, N. Y.)

The report of the workshop for teachers of children with cerebral palsy, held at the Nassau County Diagnostic-Treatment Center and Public School... on December 2, 3, and 4, 1954... Roosevelt, N. Y., The Assn. (1955?). 24 p. Mimeo.

A brief summary of the proceedings of the Conference attended by 85 teachers, school psychologists, guidance counselors, speech specialists, principals, supervisors, and other school administrators in New York State. Discussions covered philosophies and attitudes in the education of the cerebral palsied, educational programs in public school classes, the readiness program, problem areas in curriculum planning and their possible solution, and specific teaching techniques. The Workshop was cosponsored by the Roosevelt Board of Education, in cooperation with the New York State Cerebral Palsy Assn. and the Bureau for Handicapped Children, Division of Pupil Personnel Services of the State Education Department.

CEREBRAL PALSY--SURVEYS--NEW YORK

1195. Kilbane, Edward F. (369 Lexington Ave., New York 17, N. Y.)

The older individual who has cerebral palsy, by Edward F. Kilbane and Morris Klapper. Cerebral Palsy Rev. May-June, 1956. 17:3:59-60, 71.

A report of findings of a survey of 78 cerebral palsied adults over 40 years of age and living in New York City in 1954, revealing interesting data on marital status, living arrangements, financial status, educational and employment experiences, and physical involvement.

CHRONIC DISEASE

1196. Abramson, David I. (6 N. Michigan Ave., Chicago, Ill.)

Management and rehabilitation of the bedridden patient; seminar of the Department of Medicine of the University of Illinois, ed. by Max Samter, M.D. Moderator, David I. Abramson, M.D. Ill. Med. J. Feb., 1956. 109:2:69-73. Reprint.

CHRONIC DISEASE (continued)

In this seminar conducted for resident physicians feeling the need for orientation in the management of the bedridden patient, Dr. Abramson, Dr. Maxwell D. Flank, Mrs. Carol H. Preucil of the Dept. of Medical Social Work, and Dr. Harold M. Visotsky, Clinical Instructor in Psychiatry, discuss aspects of mismanagement in rehabilitation of long-term patients, psychiatric methods and techniques for rehabilitating a patient immobilized from 4 to 6 weeks, the psychological impact of immobilization, and the social worker's contribution to rehabilitation of the bedridden. Dr. Abramson, in closing, questions the application of the team approach in the small hospital, except in modified form.

1197. Harpuder, Karl (100 E. Gun Hill Rd., New York 67, N.Y.)

Basic medical principles in the treatment of the chronically ill patient. J. Chronic Diseases. Aug., 1956. 4:2:170-176.

Some of the problems involved in treating the most common categories of chronic illness--cardiovascular, neoplastic, and neurologic diseases and arthritis--are discussed. Both the bedridden and the ambulatory patient are considered.

CHRONIC DISEASE--PREVENTION

1198. Breslow, Lester (2151 Berkeley Way, Berkeley 4, Calif.)

Newer concepts in chronic diseases. J. Am. Med. Assn. Aug. 4, 1956. 161:14:1364-1368.

Prevention of chronic disease can be aided by improvement in treatment and increased emphasis on motivation, personal interest, family support, and community resources. Hope for prevention increases as environmental influences on disease are recognized and means of controlling them are discovered. Multiphasic screening projects are valuable in discovering disease in the early stages. The medical profession is largely responsible in developing effective campaigns against chronic disease.

Other articles read at the Symposium on Progress in Preventive Medicine at the Los Angeles Midwinter Medical Convention, 1956, and included in this issue, are: Progress in preventive medicine, James Watt. -Preventive aspect of role of medicine in industry, James H. Sterner. -Preventive medicine in agriculture, Franklin H. Top. -Current preventive problems of child health, Leslie Corsa, Jr., -Impact of modern therapy on tuberculosis, James J. Waring. -Health as an instrument of international policy, Harold S. Diehl.

CHRONIC DISEASE--SURVEYS

1199. Kreuger, Dean E. (Dr. Roberts, 11 S. LaSalle St., Chicago 3, Ill.)

Characteristics of long-term patients, by Dean E. Kreuger and Dean W. Roberts. Hospitals. Aug. 1, 1956. 30:15(Pt. 1):47-52.

A more detailed analysis of data on long-term patients (those in the hospital 30 days or more at time of survey) in general hospitals in Maryland, surveyed by the Commission on Chronic Illness. It covers physical characteristics of patients, characteristics of diagnostic groups, living arrangements before and after hospital stay, hospital services received, sources of funds for care, insurance benefits, types of diets, and reasons for patients remaining in hospitals. A previous article describing data on age, sex, race, length of stay, and admission diagnoses appeared in Hospitals, Jan., 1955. (See Bul. on Current Literature, Mar., 1955, #236)

CHRONIC DISEASE--SURVEYS (continued)

1200. Roberts, Dean W. (11 S. LaSalle St., Chicago 3, Ill.)

Multiple screening in the Baltimore Study of chronic illness, by Dean W. Roberts and Charles M. Wylie. J. Am. Med. Assn. Aug. 11, 1956. 161:15:1442-1446.

In considering multiple screening as a device for early detection of chronic disease, the Commission on Chronic Disease conducted two studies in Hunterdon County, N.J. and in Baltimore; this article reports results of the Screening Clinic of Baltimore. It was shown that multiple screening is a procedure of promise but one which requires further development and study before it is put in widespread use.

CLEFT PALATE

See 1280.

CLOTHING

1201. Bierma, Alice (Institute of Logopedics, Wichita, Kan.)

The occupational therapist's viewpoint; "handicapped" should not imply specially designed clothes. Cerebral Palsy Rev. May-June, 1956. 17:3: 80-81.

Basic principles of design and color which influence choice of clothing are discussed and a list of suggestions obtained from a group of young cerebral palsied girls is offered to aid in the selection of easily managed and attractive clothing.

CONGENITAL DEFECT

1202. Kite, J. Hiram (490 Peachtree St., N.E., Atlanta 3, Ga.)

Dwarfs; a discussion of four causative conditions. J. Med. Assn. Georgia. Mar., 1956. 45:3:86-88. Reprint.

Four conditions causing dwarfing are discussed here--achondroplasia, Morquio-Brailsford type, gargoylism, and Ollier's disease. Etiology and clinical signs of each are outlined briefly.

See also 1219.

DEAF

1203. Getz, Steven B. (Calif. School for the Deaf, 2601 Warring St., Berkeley 5, Calif.)

The factor of hereditary deafness in auditory training. Acta Oto-Laryngologica. 1955. 45:5:395-397. Reprint.

The author believes that it is best to provide all deaf children below the ages of 6 and 7 with experimental auditory training since it is difficult to obtain instructive audiograms upon which to base prognosis. From data compiled from audiometric records of 21 children at the California School for the Deaf, all from families in which both parents were deaf, it appeared that there is no typical curve for hereditary deafness. Knowing that a child's deafness is probably of hereditary origin has no predictive value in determining the promise of auditory training.

DEAF--SPECIAL EDUCATION

See 1292.

DECUBITUS ULCER

1204. Miller, Edward W., Jr. (Harlem Valley State Hosp., Wingdale, N. Y.)

Decubitus ulcers treated with papain-urea-chlorophyllin ointment. N. Y. State J. Med. May 1, 1956. 56:9:1446-1448. Reprint.

Reports the use of a new ointment which combines gentle, self-limiting debriding action with tissue repair properties; results with 24 cases of decubitus ulcers in elderly mental patients suggest that the ointment is superior to any agent previously used for the management of these lesions. It encourages early formation of healthy granulations, during the period when debridement is incomplete.

DIABETES

See 1215; 1275.

DRUG THERAPY

1205. Gillette, Harriet E. (73 11th St., N. E., Atlanta 5, Ga.)

Relaxant effects of meprobamate in disabilities resulting from musculoskeletal and central nervous system disorders; clinical observations of fifty-five cases. Internatl. Rec. Med. and Gen. Practice Clinics. July, 1956. 169:7:453-468. Reprint.

Describes results of the use of meprobamate as an adjunct to the psychiatric management of 55 patients for periods up to 6 months. Twenty-seven had musculoskeletal disabilities and 28 were suffering from neuromuscular disturbances resulting from pre- or parnatal damage to the central nervous system. When treated in the early, acute stages, musculoskeletal disorders responded most satisfactorily. Some degree of improvement was noticeable in 76 per cent of the group with central nervous system lesions after addition of the drug to physical therapy. Its regulatory effect on the central nervous mechanism was more pronounced in those with tension athetosis than in cases of spasticity where muscular relaxation was observed to be more limited. The drug appears to alter the neuromuscular mechanisms as well as to lessen psychic tension.

1206. Rosner, Samuel (1882 Grand Concourse, Bronx 57, N. Y.)

The use of reserpine in neurologic surgery. J. Internatl. Coll. Surgeons. Apr., 1956. 25:4:480-482. Reprint.

Seven case histories illustrative of the use of reserpine both pre-operatively and postoperatively are typical of types of patients for whom the drug has proved beneficial. The author has found reserpine (Serpasil) decidedly valuable in the handling of neurosurgical conditions and now uses it routinely for all his patients, children as well as adults. Conclusions are based on experience in about 30 cases. The drug is valuable in controlling postoperative hyperthermia following cerebral operations, in diminishing the need for analgesics and sedatives before and after surgical intervention, and in reducing postanesthetic reaction time. Hypotension does not contraindicate its use. Resumes in French, German, and Spanish are included.

EMPLOYMENT (INDUSTRIAL)--PLACEMENT

1207. Pinner, Janet I. (500 8th Ave., New York 18, N. Y.)

Selective placement techniques here and abroad. Cerebral Palsy Rev. May-June, 1956. 17:3:61-63, 82.

The author, Director of the Selective Placement Program at the New York State Employment Service at New York, discusses a variety of approaches to selective placement and reports on the content of discussions held in Stockholm, Sweden, at a seminar sponsored by international organizations working for the welfare of handicapped persons. Problems encountered in selective placement and techniques employed abroad are contrasted with those in the United States.

ENCEPHALITIS

1208. Palmer, Richard J. (384 Post St., San Francisco 8, Calif.)

Sequelae of encephalitis; report of a study after the California epidemic, by Richard J. Palmer and Knox H. Finley. Calif. Med. Feb., 1956. 84: 98-100. Reprint.

Confirmed cases of infectious encephalitis from the period 1945-1950, and from the year 1954, totaling 494 cases, were studied to determine the long-term residual effects and possible delayed complications of Western equine encephalitis and the St. Louis type of the disease. Findings revealed that, in general, the younger the patient, the higher the incidence of sequelae, the highest incidence of sequelae being in infants under 3 months of age. Convulsions, pronounced pyramidal and extrapyramidal signs, and mental retardation were observed. Adults were sometimes subject to serious postencephalitic residuals after three years of normalcy.

EPILEPSY

1209. Kennard, Margaret A. (Univ. of British Columbia, Vancouver, B. C., Canada)

Epileptic tendencies of the normal monkey. Neurology. Aug., 1956. 6:8:563-573. Reprint.

The characteristics of paroxysmal electroencephalographic patterns occurring in 18 normal monkeys are described and compared with electroencephalographic patterns produced in these same monkeys by: (1) bilateral ablation of the frontal poles, and (2) application of aluminum hydroxide to the cerebral cortex. Methods and results of the study are discussed; material presented here is, for the most part, exactly what is to be expected from previous clinical and experimental data. Observations are entirely consistent with the theory first expounded by Lennox that the development of clinical seizures is to a large extent dependent upon the basic paroxysmal tendency of the preepileptic cortex.

EPILEPSY--GREAT BRITAIN

1210. Great Britain. Ministry of Health. Central Health Services Council

Report of the Sub-Committee on the medical care of epileptics. London, H. M. Stationery Off., 1956. 31 p.

A brief editorial review of this report appears in: Brit. Med. J. June 23, 1956. 4981:1476-1477.

EPILEPSY--GREAT BRITAIN (continued)

The Committee report contains a definition of epilepsy, a discussion of the classification of various forms of the disease, and suggestions for practical approaches to the problems the disease presents. Estimates of the present incidence in Great Britain are included, as well as a discussion of present provisions made for epileptics and medical provisions needed for all classes of epileptics. The largest portion of the report is given over to recommendations of the Sub-Committee for meeting medical, educational, socio-economic, rehabilitation and employment needs of epileptics in the future.

Available in the U.S. from British Information Services, 30 Rockefeller Plaza, New York 20, N. Y., at 28¢ a copy.

EPILEPSY--EMPLOYMENT

1211. Baddley, Brent DeGrey (Graduate School of Social Work, Univ. of Utah, 201 Liberal Arts Bldg., Salt Lake City 12, Utah)

Adjustment of epileptics; vocational adjustment in 1955 of twenty epileptic clients of the Utah Division of Vocational Rehabilitation. Salt Lake City, Univ. of Utah Grad. School of Social Work, 1956. 4 p. Mimeo.

"An abstract of a thesis... in partial fulfillment of the requirements for the degree of Master of Social Work."

Summarizes findings of a study to investigate the vocational adjustment of 20 epileptic clients who had received services of the Utah Dept. of Vocational Rehabilitation over a 7 1/2 year period. Social, marital, educational, and economic components of the problem were studied. Areas in which rehabilitation agencies were most adequate or inadequate were pointed out.

EPILEPSY--MEDICAL TREATMENT

1212. Baldwin, Ruth W. (Univ. Hospital, Baltimore 1, Md.)

The new and the old in the treatment of epilepsies; early history. J. Am. Med. Women's Assn. Aug., 1956. 11:8:269-273.

Traces the changing concepts of epilepsy, from the days of Greek mythology through the 19th century, the various superstitions and forms of treatment devised to cope with the disease, the history of electroencephalography, and some research studies in the field during the present century.

1213. Millichap, J. Gordon (Dept. of Pediatrics, Albert Einstein Coll. of Med., New York, N. Y.)

Anticonvulsant action of Diamox in children. Neurology. Aug., 1956. 6:8:552-559. Reprint.

A report of a controlled study to compare the anticonvulsant action of Diamox with that of Dilantin, the drug currently accepted as the treatment of choice in the patients selected. It was found effective in children with seizures other than true petit mal and of the type not specifically influenced by hyperventilation and alkalosis. "... Major and generalized myoclonic seizures of organic etiology and refractory to conventional antiepileptic compounds were controlled when Diamox was given as an additional medication, but in some patients its continued effectiveness was limited by the development of tolerance.... Compared with Dilantin in five patients, the response to Diamox was remarkably similar.... "

EXERCISE

See 1241.

FOOT

1214. Holland, Kathleen L. (Royal Infirmary, Preston, England)

The physiotherapeutic treatment of some congenital foot deformities. Physiotherapy. June, July, & Aug., 1956. 42:6, 7, & 8. 3 pts.

"A thesis accepted by the Chartered Society (of Physiotherapy, Gt. Brit.) for the Award of a Fellowship."

A discussion of the treatment of congenital talipes equinovarus by gradual correction as opposed to manipulation under general anesthesia and the role of the physical therapist in the management of this, and allied, conditions. The author's study is the result of 20 years' experience in the use of gradual correction. Other congenital foot deformities considered are talipes calcaneo-valgus, metatarsus-varus, and curling toes. The paper refers only to the uncomplicated congenital talipes equinovarus and not to atypical conditions such as arthrogryposis or congenital absence of bone. Discussed are the etiology of the condition and the physical measures employed in correction. Illustrated.

1215. Lowrie, W. L. (Henry Ford Hosp., W. Grand Blvd. at Hamilton, Detroit 2, Mich.)

Conservative management of diabetic foot complications, by W. L. Lowrie, W. Earl Redfern, and Brock E. Brush. Postgrad. Med. Jan., 1956. 12 p. illus. Reprint.

"Adapted from a scientific exhibit shown at the 1954 Annual Meeting of the Am. Medical Assn., San Francisco, Calif."

Consists mainly of illustrations of the effects of improper fitting of shoes, foot injuries and infections on the feet of diabetic patients. Outlined are the means of controlling the disease, elements of foot hygiene, types of shoes suitable for the diabetic, and ways of avoiding injuries and infections. Evaluation, management, and conservative surgical principles in the treatment of gangrene and infections are briefly outlined.

GIRL SCOUTS

See 1183.

HEALTH SERVICES

See 1239.

HEART DISEASE--MENTAL HYGIENE

1216. Kaplan, Stanley M. (Dept. of Psychiatry, General Hosp., Cincinnati 29, Ohio)

Psychological aspects of cardiac disease; a study of patients experiencing mitral commissurotomy. Psychosomatic Med. May-June, 1956. 18:3:221-233. Reprint.

A report of a follow-up study of 18 patients who had experienced mitral commissurotomy, to observe their response to an improved state of cardiac health. It was found that emotional implications of cardiac disease vary with the individual, depending mainly upon his personality structure and life situations. The psychological adaptive mechanisms of a patient can be disrupted seriously by the advent of cardiac disease but surgical relief affords an opportunity to re-establish pre-sickness means

HEART DISEASE--MENTAL HYGIENE (continued)

of adjustment. Some patients utilize heart disease for psychologically adaptive purposes. Data pertinent to the present series of patients' reaction to their disease and operation are presented.

HEMIPLEGIA

1217. Rusk, Howard A. (400 E. 34th St., New York 16, N.Y.)

Rehabilitation of neurologic disorders in the elderly. J. Chronic Diseases. Aug., 1956. 4:2:159-163.

Dr. Rusk discusses the objectives and favorable results of a rehabilitation program for hemiplegics. His experiences at the Institute for Physical Medicine and Rehabilitation, New York City, illustrate how effective such a program can prove. From the standpoint of total numbers and therapeutic complexities, hemiplegia in the elderly especially presents a challenging problem to medicine.

HEMIPLEGIA--OCCUPATIONAL THERAPY

1218. Delacato, Carl H. (Rehabilitation Center, 8801 Stenton Ave., Philadelphia 18, Pa.)

Hemiplegia and concomitant psychological phenomena. Am. J. Occupational Ther. July-Aug., 1956. 10:4(Pt. I):157, 172.

Two psychological phenomena which appear in hemiplegia and which interfere in the therapeutic and rehabilitative process are described and illustrated by 6 very brief case histories. The author, for purpose of discussion, terms these phenomena "rigidity" and "propositionality". Classic examples of rigidity vary from the patient who is deeply disturbed by a lack of symmetry in the placing of furniture to a patient's inability to function properly within a changed time schedule. The problem of propositionality is basically a problem of consciousness of movement. The primary function of the occupational therapist is to teach patients consciously to the highest point of efficiency and then make the activities into habits which operate slightly under the level of consciousness.

HEMIPLEGIA--PHYSICAL THERAPY

See 1290.

HEREDITY

1219. Murphy, Douglas P. (School of Med., Univ. of Pennsylvania, Philadelphia 4, Pa.)

Heredity counseling: The obstetrician and congenital malformations in brothers and sisters. Eugenics Quart. Sept., 1956. 3:3:161-163.

Advice for the obstetrician called upon to counsel parents of children with congenital malformations on the question of possible defects in later born siblings. Included is a table of risk figures for later siblings, summarized recently by R. C. Anderson and S. C. Reed. In the absence of advice from a geneticist, the obstetrician will find the information given here of help in outlining for parents the possible chances of malformations in succeeding children.

HOME ECONOMICS

1220. Berger, Carolyn Boyd (Institute of Logopedics, Wichita, Kan.)
Homemaking. Cerebral Palsy Rev. May-June, 1956. 17:3:82.
The first in a series of discussions by guest columnists in the "Let's Talk it Over" column of the Review, this article tells of many ways by which the cerebral palsied housewife can simplify her housework.
1221. Hossack, Joan R. (Occupational Ther. and Rehab. Center, 1031 Ottawa St., Montreal, Que., Canada)
Home management for the disabled. Am. J. Occupational Ther. July-Aug., 1956. 10:4(Pt. I):143-146, 174. Reprint.
A discussion of work simplification principles, sound planning of household duties to conserve energy, and aids to be used by the one-handed and the patient with ambulatory problems. The occupational therapy department of the rehabilitation center can offer a practical and realistic program for the disabled homemaker.

HOSPITAL SCHOOLS

1222. National Foundation for Infantile Paralysis
Sugerencias para la educacion del nino hospitalizado. New York, Internatl. Soc. for the Welfare of Cripples, 1955. 62 p.
Spanish translation of: Advancing the education of the hospitalized child; a report of a conference in Atlantic City, Feb. 26-27, 1948. (Publ. no. 72)
This translation made possible through the aid of the Gustavus and Louise Pfeiffer Research Foundation is available from the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y. at 25¢ a copy. The English edition of the pamphlet was originally annotated in Bul. on Current Literature, June, 1948, #457.

HOSPITALS--SOCIAL SERVICE DEPARTMENT

See 1293.

LEG

1223. Green, William T. (300 Longwood Ave., Boston 15, Mass.)
The problem of unequal leg length, by William T. Green and Margaret Anderson. Pediatric Clinics N. Am. Nov., 1955. p. 1137-1155. Reprint.
A discussion of the necessity for early recognition of discrepancy in the length of the lower extremities in the growing child in order to determine its cause, potential degree and clinical significance. Certain abnormalities require careful serial observation and subsequent modification of growth to correct the abnormalities. In others, such detailed observation is unnecessary. Discrepancies, their causes and methods of correction are considered, as well as the clinical problems regarding correction. Case reports illustrate factors involved in the correction of the discrepancy by epiphysial arrest.

MENTAL DEFECTIVES--GREAT BRITAIN

1224. Kirman, B. H.

The hospital and the backward child. Med. World. July, 1956. 85:1:41-46.

The writer, an English physician, urges the general practitioner to establish a direct relationship with his local mental deficiency hospital and to use its special experience and facilities as a resource in determining the proper handling of difficult or borderline cases of mental deficiency in children. Procedures for admission of the child to an institution in England are discussed; the legal procedure has been somewhat eased by permitting temporary admission.

1225. Tizard, J. (Maudsley Hosp., Denmark Hill, London, S.E. 5, Eng.)

The mental deficiency services today and tomorrow. Mental Health. Summer, 1956. 15:3:85-92.

An article discussing those for whom mental deficiency services were originally intended in England, and the changing character of services today in that country. The author questions whether the care and training of the high grade mental defective could not be better carried out within the framework of general social services rather than through special mental deficiency services. Legislation for mental deficiency services in Great Britain is explained and compared to that found in other countries. Ways in which needs of the "social problem group" are met in the Netherlands and Switzerland offer a model for the extension of mental deficiency services.

MENTAL DEFECTIVES--OHIO

1226. Watson, Marjorie E. (Dept. of Mental Hygiene and Correction, State Office Bldg., Columbus 15, Ohio)

Ohio's community classes; havens for the limited child. Motive, Ohio Dept. Mental Hygiene and Correction. Aug., 1956. 3:1:5-13, 32..

Describes community classes for mentally retarded children in Ohio who are excluded from public schools; they comprise one segment of the Department of Mental Hygiene and Correction's program for retarded children. Briefly sketched are criteria for admission, how classes are started, requirements for physical facilities and teacher qualification, number of classes now in operation and the current number of children served. Activities of a typical class are discussed.

In this same issue: The story of Storybook School, p. 17-20, shows illustrations of a book publicizing the newest building on the Columbus State School campus. Also in this issue: Institution for retarded; Apple Creek objective, by C. Earl Albrecht, p. 21-25. Describes two building projects to be erected at Apple Creek State Hospital, Apple Creek, Ohio. One is called a "living area" building; the other, a rehabilitation and training building which will provide space for many rehabilitation and recreational activities in addition to which rooms can be adapted for occupational therapy, classrooms, or specialized training.

MENTAL DEFECTIVES--PARENT EDUCATION

See 1294.

MENTAL DISEASE

1227. Bockoven, J. Sanbourne (74 Fenwood Rd., Boston 15, Mass.)

Social adjustment of patients in the community three years after commitment to the Boston Psychopathic Hospital, by J. Sanbourne Bockoven, Anna R. Pandiscio, and Harry C. Solomon. Mental Hygiene. July, 1956. 40:3:353-374.

A report of a follow-up study of the social adjustment of expatients of Boston Psychopathic Hospital to determine their performance as members of the community. Four major areas--occupational, economic, family, and community adjustment--were discussed in direct interviews with patients. Over-all results indicate that on the average, patients who are in the community at a three-year follow-up point are making an occupational adjustment approaching the level of "satisfactory" and a family adjustment better than "barely adequate." Community and economic adjustment is a little less than "barely adequate." From the experience of this study, it is suggested that a fuller knowledge of the course of mental illness following treatment depends on frequent contacts with patients for many years and beginning with their release from the hospital.

1228. Goldfarb, William (5050 Iselin Ave., Bronx 63, N. Y.)

A study of speech patterns in a group of schizophrenic children, by William Goldfarb, Patricia Braunstein, and Irving Lorge. Am. J. Orthopsychiatry. July, 1956. 26:3:544-555.

A paper presented at a symposium on childhood schizophrenia, 1955.

A report of a study describing communication patterns of schizophrenic children, focusing clinically on speech and voice production. Speech was classified as perceived deviation from the normal in phonation, rhythm, intonation, and articulation. The analysis compares the speech of 12 children with schizophrenia and 6 with reactive behavior disorders. A wide and unpredictable variety of distortions of standard forms of speech, i.e., completely idiosyncratic patterns, are observed. Deviation from normal expectancy applies to almost every phase of the schizophrenic child's speech behavior.

MENTAL DISEASE--SPECIAL EDUCATION

1229. Piper, Bertha J. (Fairfield State Hosp., Newton, Conn.)

Tutoring for behavioral delinquents, by Bertha J. Piper and Dorothy Le Grow. Am. J. Occupational Ther. July-Aug., 1956. 10:4(Pt. I): 147-149.

Describes a few cases from a group of 18 behavioral delinquent adolescents who have received the benefit of a tutoring program at Fairfield State Hospital during the past two years. Occupational modalities directed toward appropriate activity for remedial, socializing, or exploratory purposes complemented the program. The authors stress the value of providing scholastic instruction along with equally important and more frequently prescribed therapeutic occupations.

MULTIPLE SCLEROSIS

See 1234; 1235; 1290.

MULTIPLE SCLEROSIS--NURSING CARE

1230. Stone, Frederick L. (Natl. Multiple Sclerosis Soc., 270 Park Ave., New York 17, N. Y.)

The RN and MS. Nursing World. July, 1956. 130:7:10-12.

Dr. Stone, Director of the Medical and Scientific Dept. of the Natl. Multiple Sclerosis Society, tells here what the registered nurse should know about multiple sclerosis and how patients suffering from the disease are affected. Since multiple sclerosis usually means long years of increasing disability for the patient, home care of the patient is more usual. Suggestions are given for understanding psychological changes in personality and for nursing techniques and hobbies to make life more tolerable for the patient.

MUSIC THERAPY

1231. National Association for Music Therapy

Uses of music in institutions; a survey on uses of music in institutions in the United States, its territories, and Canada, conducted by the... 1954-1955. n.p., The Assn. (1956?). 35 p. tabs.

A report of a study to investigate the value of music in rehabilitation programs; to define broad trends in institutional programming concerning personnel, practical methods and techniques, and equipment; and to explore the adequacy of current standards of training and qualifications for music therapists. Covered also are: the historical background of hospital music, description of survey procedures and method of compiling data, and a presentation of findings. Institutions surveyed included those for mental illness, mental deficiency, and physical ills, for crippled adults and children, long-and short-terms hospitals.

This report is to be included in the annual publication of the Association, "Music Therapy, 1955."

Available from Miss Myrtle Fish Thompson, Chairman, Survey Committee, Dept. of Music Therapy, Essex County Overbrook Hospital, Cedar Grove, N.J.

MYASTHENIA GRAVIS

1232. Viets, Henry R. (20 Chapel St., Brookline 46, Mass.)

Problems in the diagnosis of myasthenia gravis; a 20-year report of the neostigmine test, by Henry R. Viets and Robert S. Schwab. Trans., Am. Neurological Assn. 1955. p. 36-41. Reprint.

The authors described, in 1935, the value of an injection of neostigmine, intramuscularly in patients suspected of having myasthenia gravis, as a diagnostic test. Since that time the test has been used to diagnose or confirm diagnosis in 500 patients with myasthenia gravis; in approximately 1,000 other patients the diagnosis has been eliminated by use of the test. Case histories illustrate some of the more difficult diagnostic problems. Other clinical conditions regularly confused with myasthenia gravis are listed.

NEPHROSIS

1233. Barnett, Henry L. (1710 Newport Ave., New York 61, N. Y.)

Nephrosis in children; current concepts. Mo. Med. Sept., 1956. 53:9:772-778.

NEPHROSIS (continued)

A summarization of some of the more significant recent advances in knowledge of the disease, indicating how these may be applied to the care and treatment of children with medical kidney disease. Present investigations into the causes of edema, proteinuria and hyperlipemia in children with nephrosis reveal that many of the underlying mechanisms responsible for these major alterations have not been clarified as yet. Dr. Barnett recommends that treatment with adrenal hormones should be started as soon as the diagnosis of nephrosis has been established. Although the effect of such treatment on the final outcome of the disease has not been established, it improves the clinical status and extends life.

NEUROLOGY

1234. Rucker, C. Wilbur (Mayo Clinic and Foundation, Rochester, Minn. -- Dr. Zimmerman, Armed Forces Institute of Pathology, 7th & Independence Ave., Washington 25, D.C.)

The demyelinating diseases. Trans., Am. Acad. Ophthalmol. and Otolaryngol. Jan.-Feb., 1956. 60:1:42-45.

In same issue: Pathology of the demyelinating diseases, Lorenz E. Zimmerman, p. 46-58.

Although the demyelinating diseases all affect vision in one way or another through involvement either of the optic nerves or of the optic radiations, there are many differences in the location and severity of the lesions, in the course of the disease, and probably in etiologic agents. Discussed here are multiple sclerosis, optic neuromyelitis, progressive subcortical encephalopathy, and postinfectious encephalitis.

Dr. Zimmerman discusses certain common histopathologic features and unmistakable anatomic differences among the demyelinating diseases.

See also 1180.

NUTRITION

1235. Droller, H. (Geriatric Unit, St. James Hosp., Leeds, Eng.)

Carbohydrate metabolism and nutritional state in multiple sclerosis, by H. Droller and I. J. N. Powell. J. Chronic Diseases. Sept., 1956. 4:3:283-291.

A report of a study to investigate the significance of disturbed carbohydrate metabolism and thiamine deficiency in ten patients suffering from multiple sclerosis who subsisted on diets of their own choice. General level of nutrition was poor, intake of fat and protein in both sexes was low, and the carbohydrate intake was low in women. Thiamine and niacin of the diet appeared adequate. Observed patterns of abnormal glucose tolerance tests corresponded to those seen in starvation. Preparations of thiamine and phosphorylated cocarboxylase showed no effect on the clinical state of multiple sclerosis patients. Glucose tolerance curves became normal after a satisfactory food intake had been established.

OCCUPATIONAL THERAPY

See 1174; 1278.

OCCUPATIONAL THERAPY--STUDY UNITS AND COURSES

1236. West, Wilma (1873 Portland Ave., Rochester 17, N.Y.)

An abstract of a study of the present and potential role of occupational therapy in rehabilitation, by Wilma West and Henrietta McNary. Am. J. Occupational Ther. May-June & July-Aug., 1956. 10:3: & 4. 2 pts.

A report of a study made at Milwaukee-Downer College with the aid of a grant made available under the Vocational Rehabilitation Amendments of 1954. Major purpose of the study was to extend and improve the instructional program in occupational therapy as it relates to rehabilitation. A concept of rehabilitation as a frame of reference for the occupational therapist's role is presented and an analysis of patient needs was made, showing the contribution of occupational therapy in meeting these needs. In the third phase of the study clinical visits were made to 22 selected rehabilitation programs in order to obtain from all types of personnel associated with such programs suggestions for better functioning, on which curricular changes might be made. The final part is devoted to a summary interpretation of the principal results and conclusions of the total study, with a discussion of the major educational implications. A brief evaluation of the methodology and results of the study is given.

OLD AGE

1237. New York. New York State Joint Legislative Committee on Problems of the Aging.

New channels for the golden years; (annual report of the... 1956).

Albany, The Committee, 1956. 151 p. illus.

The 1956 report of the Committee focuses attention on the preventive aspects of problems of older citizens. Views of well-known professional and lay persons working in behalf of elderly people are presented. Basic steps to be taken in fighting poverty in old age, wastage of the abilities of the middle-aged and elderly, the rapid decline in physical and mental abilities, and inter-generation maladjustments are outlined. A comprehensive program of legislation to aid the aged, adopted by the 1956 Legislature in New York, is contained in the report.

Available from Senator Thomas C. Desmond, Chairman, N.Y. State Joint Legislative Committee on Problems of the Aging, 94 Broadway, Newburg, N.Y.

OLD AGE--EMPLOYMENT

1238. Olshansky, Simon S. (Div. of Voc. Rehabilitation, 17 Tremont Pl., Boston, Mass.)

The labor force trend and rehabilitation. J. Rehabilitation. May-June, 1956. 22:3:11-13, 15.

In the light of this statistical analysis which reveals the trend to older workers in the labor force, rehabilitation agencies will have to re-examine their programs and services to meet the needs of workers who will be four times more likely to have a chronic disease than those in the younger age groups. Special training facilities will be needed to retrain older workers in the rehabilitation process. The addition of social service caseworkers to the rehabilitation team and an increase in sheltered employment are foreseen.

OLD AGE--STATISTICS

1239. U. S. Social Security Administration. Division of Research and Statistics
Health costs of the aged; a source book on the use of hospital and medical services and on health insurance and other methods of financing medical care among the aged, prepared by Agnes W. Brewster and Dorothy McCamman. Washington, D. C., Gov't. Print. Off., 1956. 126 p. tabs. (Rep. no. 20) Mimeo.

A source book of data pertinent to the problems of providing older people with adequate medical care, it consists mainly of statistical tables with brief explanatory text covering the general health status of older persons, utilization of hospital and physicians' services, medical costs, insurance ownership, and other topics related to financing medical care. Background data on the demographic and economic characteristics of the aged are summarized in the appendix.

Available from U.S. Superintendent of Documents, Washington 25, D.C., at 65¢ a copy.

ORTHOPEDICS

See 1295.

PARENT EDUCATION

1240. Wishik, Samuel M.

Comment venir en aide a votre enfant handicape. New York, Internatl. Soc. for the Welfare of Cripples, 1955. 30 p.

French translation of: How to help your handicapped child. (Public Affairs pam. no. 219)

This translation, made possible through the aid of the Gustavus and Louise Pfeiffer Research Foundation and the Canadian Council for Crippled Children and Adults, is available from the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y., at 25¢ a copy. The English edition of the pamphlet published by the Public Affairs Committee was annotated in Bul. on Current Literature, June, 1955, #598.

PHYSICAL EXAMINATIONS

1241. Kraus, Hans (30 Central Park South, New York 19, N. Y.)

Hypokinetic disease; role of inactivity in production of disease, by Hans Kraus, Bonnie Prudden (Hirschland), and Kurt Hirschhorn. Brit. J. Phys. Med. Aug., 1956. 19:8:180-185.

It has been observed that lack of sufficient exercise constitutes a serious deficiency comparable to vitamin deficiency, both of which are most serious in the early growing stages of the child. Provision of exercise at later stages may not be sufficient, the authors believe, to offset damage that has gone beyond the functional state and has reached a chronic organic condition. Recent studies of physical fitness and experiences in clinics for the treatment of low back pain bear out their belief. Further research on the effect of under-exercise and its pathophysiology and the geographical incidence of under-exercise in mechanized countries is contemplated.

PHYSICAL MEDICINE

1242. Tobis, Jerome S. (1 E. 105th St., New York 29, N.Y.)

Principles and techniques of medical rehabilitation. J. Chronic Diseases. Aug., 1956. 4:2:164-169.

A review of the principles of care in medical rehabilitation as carried out in the home, the office, or the hospital. Techniques will vary in each of the three settings. Physiologic principles and modalities prescribed for the relief of pain, to increase the range of motion, and to increase motor power are discussed.

PHYSICAL MEDICINE--PERSONNEL

1243. Selke, Oscar O., Jr. (6409 Fannin St., Houston 25, Tex.)

Financial arrangements for the practice of physical medicine and rehabilitation. Arch. Phys. Med. and Rehab. Aug., 1956. 37:8:477-479.

A report of findings of a survey made in June, 1955, to determine how physical medicine and rehabilitation was being practiced in the United States in regard to business arrangements. The survey was aimed at physicians primarily interested in this specialty and attempting to fashion their practices around the peculiarities of the specialty. Includes data on mode and sources of private practice, sources of income, relationships with hospitals, and distribution of physiatrists in full time positions. A sample form of the questionnaire used in the survey is included.

PHYSICAL THERAPY

See 1296.

POLIOMYELITIS

1244. Feigelson, Charles I. (University Hospital, Ann Arbor, Mich.)

Glossopharyngeal breathing as an aid to the coughing mechanism in the patient with chronic poliomyelitis in a respirator, by Charles I. Feigelson (and others). N. Eng. J. Med. Mar. 29, 1956. 254:13:611-613. Reprint.

In a study of nine patients from the Poliomyelitis Respirator Center, University Hospital, Ann Arbor, Mich., it was found that a higher peak expiratory flow was obtained in a cough after a glossopharyngeal breath than in one after an unassisted maximal inspiration. The rise in peak expiratory flow is accomplished by an increase in the volume of air inspired before the cough and through improved pulmonary compliance. Patients who have very low vital capacities are helped the most; however, glossopharyngeal breathing does not permit the patient to obtain a normal cough.

1245. Moriarty, M. W. (Respiratory Center for Poliomyelitis, Rancho Los Amigos Hosp., Hondo, Calif.)

With proper mechanical steps and family training, respirator patients can go home again, by M. W. Moriarty, C. A. Ardern, and R. A. Bell. Hospitals. Aug. 1, 1956. 30:15(Pt. 1):76, 78-80.

The authors, senior master mechanic, chief of the electrical section, and electrician foreman, respectively, at Rancho Los Amigos Hospital, discuss the advantages of home care for the poliomyelitis patient who is stabilized medically and has recovered the maximum in muscular and functional ability which can be expected. Training of the patient for home

POLIOMYELITIS (continued)

care, instruction of the family, and a team of specialists available to the patient and his family are essential. The mechanical requirements for providing for the respirator patient at home are outlined. Training and duties of the home care mechanic are discussed.

1246. Nervous Child. Jan., 1956. 11:2.

Title of issue: Psycho-social and educational adjustment of the child with poliomyelitis.

Contents: Editor's introduction, Ernest Harms. -Co-editor's introduction: Polio and personality, Morton A. Seidenfeld. -A framework for the psychopathology of poliomyelitis, H. A. Robinson and J. E. Finesinger. -Poliomyelitis XIII--Pathology, A. B. Baker. -Body image changes in patients with respiratory poliomyelitis, Erik Glud and Howard T. Blane. -The parent of the polio child, Hart E. Van Riper. -Functional training of the polio child, Robert L. Bennett. -Going to school in a respirator center, Mildred H. Walton and Nicholas Long. -The responsibility of the medical social worker to the polio patient, Kathleen Allen. -The vocational adjustment of the polio adolescent, James F. Garrett. -Camping for physically handicapped children, John D. Herzog.

This issue is available from Child Care Publications, 30 W. 58th St., New York, N. Y. at \$2.50 a copy.

POLIOMYELITIS--MENTAL HYGIENE

1247. Robinson, H. A. (Psychiatric Institute, Univ. of Maryland, Baltimore 1, Md.)

Psychiatric considerations in the adjustment of patients with poliomyelitis, by H. A. Robinson, J. E. Finesinger, and J. S. Bierman. N. Eng. J. Med. May 24, 1956. 254:975-980. Reprint.

Adjustment processes in the total experience of the disease were examined by controlled observations of a group of children with spinal poliomyelitis, all with some degree of lower-extremity involvement. Persons in significant positions of influence to the patients were also observed. In this preliminary report, which is selective, a partial analysis of data indicates that the typical patient and his family present multiple and medically distorted etiologic ideas, so strongly held that they are obstructive factors in treatment and rehabilitation. Parental influence on the adjustment of patients while in the hospital is de-emphasized but after the patient's discharge have a very distinct influence on the course of rehabilitation.

POLIOMYELITIS--PHYSICAL THERAPY

See 1297.

POLIOMYELITIS--SOCIAL SERVICE

See 1277.

POSTURE

See 1298.

PROSTHESIS--PERSONNEL

1248. U. S. Department of the Army

Orthopedic technicians. Washington, D.C., The Dept., 1953. 172 p. illus. (TM 8-231)

A technical manual prepared by the Department of the Army to provide the orthopedic technician with basic background information in the fabrication and fitting of various types of orthopedic appliances, prostheses, and orthopedic shoe corrections. It contains a glossary of technical terms, a section on elementary anatomy, techniques involved in making plaster molds, brief descriptions of orthopedic conditions requiring treatment or surgery, and detailed descriptions of a wide variety of prostheses and miscellaneous appliances, their fabrication and fitting.

Available from U.S. Superintendent of Documents, Washington 25, D.C., at 50¢ a copy.

PSYCHOLOGICAL TESTS

1249. Barratt, Ernest S. (Dept. of Psychology, Univ. of Delaware, Newark, Dela.)

The relationship of the Progressive Matrices (1938) and the Columbia Mental Maturity Scale to the WISC. J. Consulting Psych. Aug., 1956. 20:4:294-296.

Since it is not always possible to administer the entire WISC because of time limitations or physical handicap of the subjects, this study was designed to discover the possible relationship of both tests to the WISC. Seventy fourth-grade children in a public elementary school were tested; children came from both rural and urban homes. Both the PM and the CMMS were found to be related significantly to the WISC total, verbal, and performance scores. The PM had more variance in common with the WISC total score than the CMMS. Relationship of the PM and CMMS to WISC subtests was also discussed.

PSYCHOLOGY

See 1174.

PSYCHOTHERAPY

1250. Motto, R. L. (Reiss-Davis Clinic, 715 N. Fairfax Ave., Los Angeles 46, Calif.)

Emotional factors in physically handicapped children. Calif. Med. Feb., 1956. 84:2:106-109. Reprint.

A brief report calling attention to some important emotional factors observed by the staff of the Reiss-Davis Clinic for Child Guidance, Los Angeles, in its work with physically handicapped children and their parents. Children seen in diagnostic consultation represented a wide variety of physical handicaps, congenital and caused by disease, as well as some questionable cases of mental retardation. Presenting complaints included learning problems, behavior disorders, phobias, severe separation anxieties, enuresis, passive withdrawn states, and immaturity reactions. Parental attitudes toward handicapped children are discussed briefly. Individual and group psychotherapy was found useful in working with these parents.

REHABILITATION

1251. British Medical Association

Summary of proceedings, third plenary session (on) handicapped children, annual meeting, Brighton, 1956. Brit. Med. J. July 28, 1956. 4986:222-223.

Summaries of Professor N. B. Capon's discussion of the child handicapped by cardiac conditions, Professor A. W. G. Ewing's consideration of children with impaired hearing, discussion of blind children by Dr. C. T. Potter, of the handicap of the problem child by Dr. Mildred Creak, and of orthopedic disabilities by W. D. Coltart are included in this brief article.

1252. Hays, Marcia (Bur. Crippled Children Serv., Calif. State Dept. of Public Health 2151 Berkeley Way, Berkeley 4, Calif.)

Rehabilitation services for children. Calif. Health. Aug. 1, 1956. 14:3:17-20.

In this address presented at the U. S. - Mexico Border Public Health Assn., April, 1956, Dr. Hays analyzes critically the present status of rehabilitation services for children, gaps in services, and the principles upon which better services may be built.

1253. Thuss, W. G., Sr. (2230 3rd Ave., N., Birmingham 3, Ala.)

Rehabilitation versus compensation. South. Med. J. Mar., 1956. 49:3:282-287. Reprint.

Sketches briefly the history of the development of workmen's compensation, gives statistics on the extent of disability caused by industrial accidents, and describes the growth of rehabilitation services. Changing concepts of the management of disabled workers have demonstrated the economic and psychologic benefits of rehabilitation.

1254. Wilmer, Harry A. (Naval Med. Research Institute, Bethesda, Md.)

Rehabilitation; being is belonging. J. Chronic Diseases. Aug., 1956. 4:2:212-215.

Dr. Wilmer offers here his philosophy of rehabilitation which encompasses not only physical restoration, but social and emotional as well. In stressing the psychological aspects of disability, he points out the part played by faith and courage in recovery.

See also 1242.

REHABILITATION--GERMANY

1255. Jochheim, Kurt A. (Clinic for Nervous Disorders, Cologne Univ. Hosp., Cologne, Germany)

Rehabilitation treatment in West Germany; difficulties and prospects. Bul., Am. Rehab. Committee. July, 1956. 5:1:(1-3).

A description of what has been accomplished and the future plans for rehabilitation services in Germany. The author outlines the intricate organization by which public assistance and compensation are administered since the currency reform in 1948.

REHABILITATION--NEW YORK

1256. Carpenter, Alvin R. (25 Campbell Rd., Binghamton, N. Y.)

Helping the handicapped help themselves; the Broome County story: Part 1. Treating disabilities, by Alvin R. Carpenter. Part 2. Utilizing abilities, by Evelyn P. Storer. Health News, N. Y. State Dept. of Health. July, 1956. 33:7:5-14, 17.

In same issue: Work therapy for the chronically ill, by Jerome S. Tobis, p. 16-17.

A report on what one county in New York is doing to help its disabled, paving the way to social and economic independence. A description of two non-profit facilities--Rehabilitation Services, Inc., and The Sheltered Workshop for the Disabled, Inc.--is included. Source of referrals, staff, admission procedures, treatment, programs, the management of psychological problems, fee rates, and administration of the facilities are explained.

Dr. Tobis' article describes the sheltered workshop program operating at Bird S. Coler Hospital, New York City, which provides remunerative work therapy for hospitalized severely disabled patients, many of them elderly and with no hope of being employed in the community.

REHABILITATION--VIRGINIA

1257. Delaware. Nemours Foundation

Proceedings of the fifth year of...conferences on crippled children. Wilmington, Dela., The Foundation, 1956. 221 p.

Contains proceedings of: Visiting Teachers Conference, Virginia Conference of Social Work, and Virginia Public Health Conference.

Subjects of addresses delivered at the Conferences covered: juvenile delinquency, appropriate school placement of exceptional children, uses of medical findings and psychological evaluations by school personnel, the parents' role in cooperating with the schools to meet the needs of exceptional children, casework with the emotionally handicapped child, the program of the Nemours Foundation, services available in Virginia for the emotionally handicapped child, and current problems in child psychiatry. Of special interest are the articles by Dr. George G. Deaver on total needs of the handicapped child, and "Responsibility of public health in meeting the total needs of the handicapped child," by Dr. William M. Cruickshank. Dr. William B. Wild and Mrs. Anne C. Gore related how local health departments in Virginia are attacking the problem of meeting needs of the handicapped child.

REHABILITATION--WISCONSIN

1258. Heise, Leonard

A look into the future at Lake Tomahawk State Camp as it looks to your State Board of Health. Wis. Med. J. Aug., 1956. 55:8:837.

Originally established as a convalescent camp for tuberculous patients, Lake Tomahawk State Camp is now considering an expansion of its services to include persons with other types of disability. Some problems which must be considered in the change-over to the status of a general rehabilitation center are discussed briefly.

REHABILITATION--ADMINISTRATION

1259. Acker, Martin (Rehab. Service, Stanford Univ. School of Med., Clay and Webster Sts., San Francisco, Calif.)

Case finding in vocational rehabilitation. J. Rehabilitation. May-June, 1956. 22:3:6-7, 14.

Describes a special program established by the New York Chapter of the Arthritis and Rheumatism Foundation and operated at the Institute for the Crippled and Disabled to aid in the solution of severe vocational problems confronting many persons with rheumatic diseases. It was discovered, in the operation of the program, that the skill of case finding should be added to the role of the vocational counselor. The coordinator of the program relates how efforts at case finding were successful in discovering potential rehabilitation clients.

1260. Stearns, William F. (Saranac Lake Rehab. Guild, 5 Franklin Ave., Saranac Lake, N. Y.)

Effective use of rehabilitation personnel. J. Rehabilitation. May-June, 1956. 22:3:4-5.

After outlining the concepts of a formula for successful administration of rehabilitation services, the writer questions the dangers of dividing treatment into many specialties. He feels that the patient should be regarded in the light of the "whole person," rather than as a series of medical, social, psychological, and vocational problems. Too much rigidity in defining duties and responsibilities of staff members can limit group growth. Above all, the human element in the rehabilitation process is stressed.

REHABILITATION--BIBLIOGRAPHY

1261. We, The Handicapped (15327 San Juan Drive, Detroit 38, Mich.)

Biblio-therapy reference guide; 455 books, with synopses, on the physically disabled. Detroit, We, The Handicapped, c1956. 72 p.

The bibliography, with brief synopses of each entry, is divided into two sections--one listing 410 factual books; the other, 45 books of adult and juvenile fiction. Books are classified according to type of disability; within each category are authoritative texts helpful to the professional worker in the field of rehabilitation. In addition to the bibliography there are sections explaining the purpose of vocational rehabilitation, listing addresses of state-federal rehabilitation agencies, a list of famous and lesser known handicapped persons, a directory of U.S. and foreign publishers, a list of selected sources for pamphlets and periodicals classified by subject and articles describing 4 reading aids.

REHABILITATION--PERSONNEL

See 1236; 1248; 1275; 1276; 1277.

REHABILITATION--PROGRAMS

1262. Garrett, James F. (U.S. Off. of Vocational Rehabilitation, Washington 25, D. C.)

Facilities for training the handicapped child. G. P. (General Practitioner). Aug., 1956. 14:2:88-89. Reprint.

REHABILITATION--PROGRAMS (continued)

The first in a series of five articles relating to problems of brain damage in children; it points out serious gaps in services which exist due to inadequate physical facilities, shortages of trained personnel, insufficient funds, poor integration of services, and lack of standardization of objectives.

1263. Wallace, Helen M. (125 Worth St., New York 13, N. Y.)

The role of rehabilitation in a program for handicapped children, by Helen M. Wallace (and others). J. Am. Med. Assn. Sept. 1, 1956. 162: 1:26-30.

Believing that too often rehabilitation of the chronically ill has been most closely identified with care of the adult, the authors see in the current recognition of the importance of rehabilitation an opportunity to improve services for handicapped children. The development of departments of physical medicine and rehabilitation, the use of consultants in this field, the multidisciplinary approach, the integration of programs for children with those already existing for adults, and facilities provided by recent federal legislation are seen as significant steps in the solution of the rehabilitation problems of children.

See also 1238; 1299.

REHABILITATION--STUDY UNITS AND COURSES

1264. Columbia University. New York School of Social Work (New York 27, N. Y.)

Report on field of rehabilitation for Curriculum Committee.... New York, The School (1956?). (28) p. Mimeo.

"In order to arrive at a basis for judgment regarding training for rehabilitation at The New York School, a four-months' study has been conducted of the rehabilitation field, and of distinguishing elements of social work practice within it...."--Introduction. The survey concentrated on significant similarities and differences in casework practice in rehabilitation, their implications for education, practice in vocational rehabilitation programs, other types of programs in various settings, and the philosophy, scope, goal, and methods involved in rehabilitation. Agencies visited in the New York area for the purpose of studying their programs are briefly described.

This report has been reviewed and summarized fully in Social Work, July, 1956, p. 108, by Alfred H. Katz.

REHABILITATION CENTERS

See 1256; 1258.

REHABILITATION CENTERS--ADMINISTRATION

1265. Kendell, H. Worley (619 N. Glen Oak Ave., Peoria, Ill.)

Relationships of rehabilitation centers to referring physicians, medical societies, medical schools, and hospitals, by H. Worley Kendell and Joseph N. Schaeffer. Arch. Phys. Med. and Rehab. Aug., 1956. 37:8:469-472. Reprint.

REHABILITATION CENTERS--ADMINISTRATION (continued)

A discussion of the basis of good working relationships between the physician in a rehabilitation center, the director of the center, and other personnel involved in services and treatment. The establishment of good relationships with referring physicians, county medical societies, medical schools and hospitals is also considered. Reasons for centers resisting medical direction, the advantages and disadvantages in developing special working relationships are outlined.

1266. Krusen, Frank H. (102-110 2d Ave., S. W. Rochester, Minn.)

Direct medical supervision of rehabilitation programs. J. Am. Med. Assn. Aug. 18, 1956. 161:16:1568-1569.

To be effective, rehabilitation programs must have direct medical supervision of every phase of the program by a competent, specially trained physician who is a clinician and not just a coordinator. In establishing a rehabilitation center, those responsible for planning the program should, in Dr. Krusen's opinion, follow the patterns established in existing successful hospital programs for rehabilitation.

1267. Shepherd, Vivian (3600 Troost Ave., Kansas City, Mo.)

Organization and administration of a community rehabilitation center. Arch. Phys. Med. and Rehab. Aug., 1956. 37:8:473-476.

Elements of the administrative structure, duties of the executive director of a rehabilitation center, and types of activities toward community organization and support of the center are discussed. The author's statements on administration of a rehabilitation center are an adaptation of a portion of "Principles of Hospital Administration," the revised edition of a book by John R. McGibony.

See also 1259; 1260.

RELIGION

1268. McCracken, Robert J. (Riverside Church, Riverside Dr. at 122nd St., New York 27, N. Y.)

How to handle our handicaps; a sermon. New York, Riverside Church, n. d. 6 p. Folder.

In this reprint of a sermon delivered by Dr. McCracken at the Riverside Church, New York City, positive aspects of handicaps are stressed. Telling the handicapped person not to give way to bitterness or develop a sense of inferiority is the negative approach to overcoming disability. Acceptance of the handicap, making the most of one's remaining ability, and drawing on spiritual resources will lead to a happier, more useful life for the disabled.

RHEUMATIC FEVER

1269. Karp-Giora, Sara (St. Francis Hosp. and Sanatorium, Roslyn, N. Y.)

The prognosis of rheumatic fever in relation to severity of carditis. Bul., St. Francis Hosp. and Sanatorium. Jan.-Apr., 1956. 13:1-2: 19-27.

RHEUMATIC FEVER (continued)

Reports a survey of a small group of rheumatic children observed during the acute rheumatic episode and reevaluated some years later to assay the effect of the presence and degree of clinical rheumatic carditis upon the ultimate outcome in the individual case. Discussion is concerned only with analysis of those cases who showed progressive heart disease. The author concludes that the dominant factor associated with progressive heart disease is the existence of active carditis, its duration and severity.

RHEUMATIC FEVER--PROGRAMS

1270. Lendrum, Bessie L. (Michael Reese Hosp., 29th St. and Ellis Ave., Chicago 16, Ill.)

Prevention of recurrent attacks of rheumatic fever; problems revealed by long-term follow-up, by Bessie L. Lendrum and Charlotte Kobrin. J. Am. Med. Assn. Sept. 1, 1956. 162:1:13-16.

While reviewing data on the cardiac status of 100 children with a history of rheumatic fever, examined in 1955, the writers found many to be without continued (though available) medical care, to have stopped taking prophylactic medication, and to have been set back seriously in their emotional, social, or economic adjustment. Subjects were children who had participated in the past in a program of accelerated rehabilitation at Herrick House, a convalescent residential home for rheumatic fever patients. Periodical reevaluation of cardiac status was made at yearly intervals following discharge. Measures to prevent recurrences depend upon community initiative in developing programs of professional education and dissemination of information on current rheumatic fever research.

RHEUMATIC FEVER--STATISTICS

1271. Fleming, D. S. (Minn. Dept. of Health, Univ. of Minnesota, Minneapolis 14, Minn.)

Minnesota rheumatic fever survey, 1955, by D. S. Fleming, F. J. Hirschboeck, and J. A. Cosgriff. Minn. Med. Apr., 1956. 39:4: 208-213. Reprint.

Reports data collected during the rheumatic fever survey originated in 1953 by the Heart Committee of the Minnesota State Medical Association; the project was carried on jointly by the Minnesota Heart Assn. and the state health department. Methods and results are discussed and statistics include: number of cases reported from 1944 to 1954, cases by sex and age group, participation by physicians in the four largest counties of the state, participation by types of practice, case rate by districts, numbers receiving prophylaxis, and reported cases of poliomyelitis, rheumatic fever, and tuberculosis (comparative data).

1272. Robinson, Saul J. (2215 Post St., San Francisco 15, Calif.)

Incidence of rheumatic fever in San Francisco children; a ten-year study. J. Pediatrics. Sept., 1956. 49:3:272-279.

RHEUMATIC FEVER--STATISTICS (continued)

A report on the analysis of statistics maintained by a Rheumatic Fever Registry, instituted by the San Francisco Heart Assn. and maintained by the San Francisco Department of Health; over the ten-year interval there has been an appreciable decrease in the number of active rheumatic fever cases. This has been accompanied by a decrease in the number of children hospitalized or placed in convalescent homes for this disease, particularly after 1949. Cases of recurrent rheumatic fever remained at a relatively high level until 1954 when an educational program for physicians and lay persons on the value of prophylactic drugs brought about a considerable drop which maintained itself through 1955. Drugs were made available through the Crippled Children Services Program.

SCLEROSIS

1273. Kurland, Leonard T. (Natl. Institute of Neurological Diseases and Blindness, Bethesda, Md.)

Amyotrophic lateral sclerosis in the Mariana Islands, by Leonard T. Kurland (and others). Arch. Neurol. and Psychiatry. Apr., 1956. 75:435-441. Reprint.

The principal clinical and pathological features of amyotrophic lateral sclerosis in the Mariana Islands are illustrated with figures from a scientific exhibit of the Section on Nervous and Mental Diseases at the annual meeting of the American Medical Association, 1955. Data reveal the disease in the Mariana Islands as a classical form with high familial tendencies. As a result of extensive investigations in the Marianas, Canada, the United States and several European countries, it is hypothesized that an underlying factor, perhaps often inherited, may be responsible for degenerative changes occurring so selectively in the motor neurons of the central nervous system in the disease.

SEGREGATION AND NONSEGREGATION

See 1183.

SHELTERED WORKSHOPS

1274. Boyle, Robert W. (Dept. of Phys. Med. and Rehab., Marquette Univ. School of Med., 561 N. 15th St., Milwaukee 3, Wis.)

The sheltered workshop as an opportunity for the aged rheumatic. Rheumatism. Jan., 1956. 12:1:19-24. Reprint.

A discussion of the general problem of rehabilitation of the disabled from the social and economic standpoint. Types of sheltered workshop opportunities and their relationship to the aged rheumatic are discussed. Homebound programs and the program of Goodwill Industries illustrate two types found in the U.S. Problems of the sheltered workshop for the aged rheumatic are the same as those for any aged and/or disabled person, but little has been accomplished so far along these lines.

SHELTERED WORKSHOPS--NEW YORK

See 1256.

SOCIAL SERVICE--STUDY UNITS AND COURSES

See 1264.

SOCIAL SERVICE (MEDICAL)

See 1293.

SOCIAL SERVICE (MEDICAL)--PERSONNEL

1275. National Association of Social Workers (1 Park Ave., New York 16, N.Y.)

A long way in a short time; (a factual story from a patient's case record, as told by the medical social worker). New York, The Assn., 1956. 16 p. illus.

Another of the Association's publications for recruitment of personnel, it pictures and relates one medical social worker's experience with a diabetic amputee patient undergoing rehabilitation. Skills of the social worker which aid sick or disabled persons with personal or family problems are portrayed.

1276. National Association of Social Workers (1 Park Ave., New York 16, N.Y.)

Preparing for medical social work. New York, The Assn., 1956. 8 p. illus.

A booklet of photographs with explanatory text showing what graduate education in a school of social work is composed of. It is one of a series of publications by the Association for use in recruiting personnel.

1277. National Association of Social Workers (1 Park Ave., New York 16, N.Y.)

Toward dignity and independence; a factual story from a patient's case record. New York, The Assn., n.d. 12 p. illus.

An illustrated pamphlet showing how services of a medical social worker aided in the rehabilitation of a young mother stricken with poliomyelitis and confined to the hospital for one year and a half.

SPEECH CORRECTION

1278. New Zealand. Speech Clinic, Christchurch

Finger plays and action jingles, comp. by Senior Kindergarten Students, ed. by Norma Robinson (and others). Christchurch, The Clinic, 1956. 17 p. illus. Mimeo.

Supplement to: Speech Therapists' J. May, 1956.

Senior students at the Kindergarten Training College, Christchurch, New Zealand, compiled and illustrated this collection of finger games, rhymes and jingles for use in speech development for the pre-school child. It is urged, however, that they should not be spoiled by making them speech correction exercises. The project was developed as a part of their speech training course at the College. Copies are available from New Zealand, Speech Therapists' Assn., Speech Clinic, Cranmer Square, Christchurch, N. Zealand, at 1s each, plus postage.

See also 1181; 1228.

SPINA BIFIDA

1279. Morales, Pablo A. (Dr. Deaver, 111 E. 76th Stre., New York 21, N. Y.)

Urological complications of spina bifida in children, by Pablo A. Morales, George G. Deaver, and Robert S. Hotchkiss. J. Urology. Mar., 1956. 75:3:537-550. Reprint.

Total rehabilitation of the spina bifida patient has been seriously impeded by two factors--urinary incontinence and progressive renal damage. Data obtained in a survey of the nature and frequency of the changes occurring in the urinary system of a group of 34 spina bifida children are presented. Their urological care and treatment is also discussed. This report is based on a urologic investigation of patients undergoing habilitative training at the Children's Division, New York Univeristy-Bellevue Medical Center, Institute of Physical Medicine and Rehabilitation.

SURGERY (PLASTIC)

1280. Edgerton, Milton T., Jr. (Johns Hopkins Hosp., Baltimore 5, Md.)

Reconstruction of major defects of the palate, by Milton T. Edgerton, Jr., and Anthony Zovickian. Plastic and Reconstructive Surg. Feb., 1956. 17:2:105-128. Reprint.

"A discussion of unusual methods of palate repair is presented based on experience with fourteen cases. Extrapalatal tissue was used in eleven patients, cervical flaps in seven cases, and arm flap tissue in four. A luetic perforation was closed with lined, mucoperiosteal flaps. Two defects, in which the nasal lining membranes remained intact, were closed with immediate split-thickness skin grafts. The last cases illustrate the application of the pharyngeal flap to a tumor defect of the soft palate. The repairs were successful in all cases."-- Summary.

TUBERCULOSIS

See 1300.

TUBERCULOSIS--EMPLOYMENT

1281. Giles, John Robert (Graduate School of Social Work, Univ. of Utah, 201 Liberal Arts Bldg., Salt Lake City 12, Utah)

Vocational adjustment in arrested tuberculosis; vocational adjustment in 1955 of twenty-two clients with arrested tuberculosis, Utah Division of Vocational Rehabilitation. Salt Lake City, Univ. of Utah Grad. School of Social Work, 1956. 5 p. Mimeo.

"An abstract of a thesis... in partial fulfillment of the requirements for the degree of Master of Social Work."

Summarizes the general problem, specific purpose, methods of the study, and conclusions. Data presented here cover characteristics of 22 subjects who had received services from the Dept. of Vocational Rehabilitation in Utah over a 7-year period. Services provided, vocational adjustment of the subjects, and their personal opinions toward their disability, place of employment and employer, and the future outlook for advancement within their vocational area are discussed.

U. S. OFFICE OF VOCATIONAL REHABILITATION

1282. Switzer, Mary E.

Growing together; a report of two years of public-voluntary cooperation under a new vocational rehabilitation Act. Crippled Child. Aug., 1956. 34:2:4-6.

Miss Switzer, Director of the U. S. Office of Vocational Rehabilitation, tells how voluntary agencies and the Office of Vocational Rehabilitation working for common goals in rehabilitation of the disabled have progressed in the past two years. Through Federal grants rehabilitation services have been expanded and research initiated; the recruitment and training program has been attacked both by the Office of Vocational Rehabilitation and by efforts of voluntary agencies. The role of the National Society for Crippled Children and Adults in this progress is cited.

VOCATIONAL EDUCATION

1283. No time on their hands. Crippled Child. Aug., 1956. 34:2:18-19, 29.

Seven shop programs at the Widener Memorial School in Philadelphia, a special school operated by the public school system for those with cerebral palsy, polio, muscular dystrophy and other orthopedic disabilities, offer students an opportunity to develop their interests and abilities. The program includes education, therapy, and medical services. Night classes are open to handicapped adults wishing to develop hobby interests or prepare for profitable jobs.

VOCATIONAL GUIDANCE

1284. Feingold, S. Norman (72 Franklin St., Boston 10, Mass.)

An adult cerebral palsy educational and vocational workshop. Cerebral Palsy Rev. May-June, 1956. 17:3:64-68.

The Executive Director of the Jewish Vocational Service of Greater Boston reports on a group educational and vocational workshop held in 1954 and 1955 for selected members of United Cerebral Palsy. Procedures, results and clinical conclusions of the project are discussed; tentative recommendations of the workshop director in regard to programs for social adjustment of the handicapped are made.

1285. Moed, Martin (Institute for the Crippled and Disabled, 400 First Ave., New York 10, New York)

A dynamic community approach to the vocational problems of individuals who have cerebral palsy, by Martin Moed and Watson Klinewicz. Cerebral Palsy Rev. May-June, 1956. 17:3:76-79.

While selective placement techniques have never been as completely successful when used with the cerebral palsied as compared with other handicapping conditions, the selective placement formula in its original or modified form has nevertheless been generally employed in attempts at vocational guidance, training, and placement of cerebral palsied clients. This report of a study now in progress at the Institute for the Crippled and Disabled, New York City, is an "outstanding" attempt at departure from selective placement in this field. The present report is preliminary to a larger study now underway in vocational guidance, training, and placement of the cerebral palsied.

VOCATIONAL REHABILITATION

1286. Shain, I. J. (Calif. Bur. of Voc. Rehab., State Dept. of Education, Sacramento, Calif.)

Program research in state agencies. J. Rehabilitation. May-June, 1956. 22:3:9-10.

More data on cases currently being served, special studies on disability groups presenting unusual counseling problems, on cases rejected for services and the reasons for rejection, and follow-up surveys of rehabilitated clients would provide a sound basis for decisions on policy, staff development, services, and budget determination. At present only seven states recognize this need for research specialists on their staffs.

VOCATIONAL REHABILITATION--CALIFORNIA

1287. California Bureau of Vocational Rehabilitation (State Dept. of Education, Sacramento 14, Calif.)

California's rehabilitation cases; medical, social and economic characteristics, prepared by I. J. Shain. Sacramento, The Bureau, 1956. 71 p. charts, tabs. Mimeo.

This pamphlet is the second in a series of annual studies of the social, economic, and medical characteristics of the active case load of the California Bureau of Vocational Rehabilitation. Designed to assess current trends and developments, to test uniformity of application of policies, and to help suggest policy changes and training needs, it provides a source of information for interested agencies and personnel in the rehabilitation field. A summary of findings and conclusions follows the introductory section and a more expanded discussion of the findings appears in subsequent sections with graphic and tabular data. Since a change of policy has been responsible for giving priority to services for dependents, severely physically disabled persons, those with dependents and those with the greatest needs, there has been a sharp increase in the number of public assistance recipients who have been rehabilitated.

VOLUNTARY HEALTH AGENCIES

1288. Miers, Earl Schenck

Seeing the whole person, the whole life beyond the crutch. Crippled Child. Aug., 1956. 34:2:7-8, 29.

Mr. Miers, author and editor, has worked for many years in behalf of the crippled; he states here his concept of the great need for voluntary health agencies and outlines some of the social values accruing to the disabled from efforts of volunteer workers.

VOLUNTEER WORKERS

1289. Wulfeck, Wallace H.

Triggers to action. Crippled Child. Aug., 1956. 34:2:13-15.

Living today in what the author terms a "money culture," the individual must seek to resist the frustrations of such forces by giving of himself. The motivating influences which cause people to devote their interest and skills to rehabilitation programs for the disabled are discussed. These are the need for 1) meaning and significance, 2) recognition and approval, 3) love and affection 4) new experiences, and 5) creative expression.

WALKING--EQUIPMENT

1290. Modern, F. W. S. (V. A. Hosp., Long Beach, Calif.)

The quadripedal; a perambulator, by F. W. S. Modern, Rudolph Jahn, and George V. Devins. Arch. Phys. Med. and Rehab. Aug., 1956. 37: 8:506-507.

Describes briefly an apparatus designed to initiate early motion simulating ambulation in patients still confined to a wheelchair, and to restore normal motion patterns between the right and left, and between lower and upper extremities and the trunk. In use for over two years, the apparatus has proved valuable in treating many conditions beside hemiplegia; the response in spastic types of multiple sclerosis has been particularly gratifying.

WHEEL CHAIRS

1291. Kanof, Abram (Jewish Chronic Disease Hosp., 86 E. 49th St., Brooklyn, N. Y.)

The pediatrician and the wheelchair, by Abram Kanof and Morris T. Koven. Quart. Rev. Pediatrics. Feb., 1956. 11:1:1-6.

One of a series of articles to help orient the pediatrician in his relationship to other specialists on the rehabilitation team, it discusses the advantages and disadvantages of the use of wheelchairs, the indications and contraindications for their use, and the psychologic complications of wheelchair living. Standard types of chairs and available attachments are described briefly. Proper knowledge of the variety of chairs available will enable the pediatrician to prescribe the one most suitable for the individual patient.

WORKMEN'S COMPENSATION

See 1253.

NEW BOOKS BRIEFLY NOTED

AMERICAN INSTRUCTORS OF THE DEAF--PROCEEDINGS--1955

1292. American Instructors of the Deaf

Report of the proceedings of the thirty-seventh meeting of the Convention of the... American School for the Deaf, West Hartford, Conn.... June 26-July 1, 1955. Washington, D.C., Gov't. Print. Off., 1956. 336 p. tabs. (Doc. no. 99, 84th Congress, 2d Session)

The Proceedings contains addresses, workshop reports and committee recommendations covering all aspects of education of the deaf and the possibilities for integrating all phases of training through the "team approach." Authorities in the field of education for the deaf, child development, vocational rehabilitation, special education, physical education, psychology, audiology, speech and hearing therapy, and medicine spoke on the relation of their respective fields to educational problems of the deaf. Research and new educational techniques were discussed.

Available from Gallaudet College, Washington 2, D.C., at \$2.00 a copy.

HOSPITALS--SOCIAL SERVICE DEPARTMENT

1293. Moss, Celia R.

Administering a hospital social service department; content, principles and relationships. Washington, D. C., Am. Assn. of Medical Social Workers, 1955. 84 p. tabs. \$2.00.

A study of administrative aspects of the practice of medical social work in hospital social service departments revealed illustrations of general principles. Currently accepted concepts, based on the author's experience and those of 28 directors of hospital social service departments, are presented. The book covers the administrator's actual daily operations and those with whom he relates in carrying out his duties. Departments selected were those believed to have good standards of casework practice and included those in both private and public hospitals. An historical background of administration is included, as well as chapters on all aspects of administration processes. Appendixes contain useful information on scheduling time of personnel, an analysis of data from participating hospitals, standards to be met by social service departments, the keeping of records, an outline of the content and responsibilities of a department's program, and a bibliography of selected readings.

Distributed by National Association of Social Workers, 1 Park Ave., New York 16, N. Y.

MENTAL DEFECTIVES--PARENT EDUCATION

1294. Kohler, Claude

L'enfant arriere dans sa famille; principes educatifs et applications pratiques. Paris, France, Centre d'Activites Pedagogiques, 1956. 222 p.

A book for the aid of parents of retarded children, it covers the variety of problems which the retarded child presents, family attitudes, the possibilities of training the child at home, and the means of promoting social adjustment of the child. Included in the appendix are legislation passed in France for the creation of special education provisions for retarded children and a bibliography. The book is the result of collaboration of child psychiatrists, social workers, authorities in the field of special education, and parents.

Available from Centre d'Activites Pedagogiques, 10 bis, rue Jean-Bart, Paris 6, France, at 570 francs a copy. Paperbound.

ORTHOPEDICS

1295. Hospital for Special Surgery, New York

Lectures on orthopaedics and the rheumatic diseases, presented at the Scientific Conferences, September 29-October 1, 1955; ed. by Marguerite Clarke. . . . New York, The Hospital, 1956. 182 p. illus.

A memorial volume containing lectures given at scientific conferences held during the dedication of the Hospital's new building. The history of the Hospital, the first orthopedic hospital in the U.S., founded in 1863, is reviewed. Drs. A. R. Shands, Jr., Howard A. Rusk, Leslie B. Hohman, Hart E. Van Riper, Glidden L. Brooks, Paul C. Colonna, Albert C. Schmidt, Walter P. Blount, Robert D. Ray, Franklin C. McLean, S. Z. Levine and Leona Baumgartner spoke on aspects of the rehabilitation of the crippled child. Technical papers on clinical problems of orthopedic surgery by research scientists and surgeons are also included.

Published by the Hospital for Special Surgery, 535 E. 70th St., New York, N. Y.

PHYSICAL THERAPY

1296. Shestack, Robert

Handbook of physical therapy. New York, Springer Publ. Co., 1956. 212 p.

Text of the book is divided into two main sections, covering: 1) modalities of physical therapy, the principles of their action and use, as well as generally valid rules, precautions, and warnings; and 2) conditions responding to measures of physiotherapy, grouped according to diseases, injuries and systems. Based on the author's observations during fourteen years of administering physical therapy treatments, the book includes not only the major aims and applications of physical medicine but many of the fine points of technique gained in working with patients. Valuable to physicians and nurses, as well as a ready reference to practicing therapists. The author was formerly Head Physical Therapist with the U. S. Public Health Service. Published by Springer Publishing Co., 44 E. 23rd St., New York 10, N. Y., at \$4.25 a copy.

POLIOMYELITIS--PHYSICAL THERAPY

1297. Reynolds, Robert J. S.

Physical measures in the treatment of poliomyelitis. London, Faber and Faber, Ltd., 1956. 140 p. illus. 12s 6d.

As Superintendent Physiotherapist at Queen Mary's Hospital for Children, Carshalton, England, the author has had the opportunity of treating large numbers of children suffering from poliomyelitis; results of various methods of treatment have been observed and evaluated. In this book Mr. Reynolds concentrates on a detailed and practical description of the methods used at Carshalton, the largest unit of its kind in England. He covers the nature and principles of physical treatment of poliomyelitis through the acute stage, early and late convalescent stages, home care and after-care.

POSTURE

1298. Phelps, Winthrop Morgan

The diagnosis and treatment of postural defects; 2d ed., by Winthrop Morgan Phelps, Robert J. H. Kiphuth, and Charles Weer Goff. Springfield, Ill., Charles C Thomas, Publ., 1956. 190 p. illus. \$6.50.

The first edition of this authoritative text was well received, as evidenced by the many reviews in professional medical journals. The authors of the revised edition, equipped by training in the associated fields of orthopedics and physical rehabilitation, physical education and physical anthropology, present practical methods of analysis and treatment of postural disturbances. Revisions are based on greater advances in growth studies of children of all ages, psychobiological research as related to posture, and new, effective trends in physical education. New classifications of posture and its disturbances are presented, based upon age of occurrence, and correlated with new methods of determining body types. Suggestions are made for the treatment of abnormal variations, corrective exercise programs in physical education, and corrective exercises for strengthening. The book will be of interest especially to physicians, the school teacher at all levels, the physical therapist, and the physical education teacher.

REHABILITATION--PROGRAMS

1299. South Africa. National Council for Social Research

Patterns of rehabilitation of the handicapped in the United States of America and Canada, by C. W. Wright. Pretoria, S. Africa, The Council, 1956. 206 p. tabs. (Overseas Travel Grants, rep. no. 8) Mimeo. Paperbound.

Under auspices of the Carnegie Corporation of New York, the writer made a study visit to the United States and Canada in 1955 for the purpose of obtaining first hand information on the vocational rehabilitation of the handicapped. Visits were made to a large number of universities, hospitals, rehabilitation centers, sheltered workshops, training centers, factories and centers for the blind. The first chapter of the report reviews the general problem of rehabilitation and recent developments in the Union of South Africa for rehabilitation of the handicapped. The present legislative programs in the U.S. and Canada to provide rehabilitation services are discussed; the general pattern of rehabilitation centers in the United States is described, noting variations encountered in various types of centers visited. Some problems to be overcome in providing comprehensive services are noted and recommendations are made for the improvement of services in South Africa. Dr. Wright is Director of Readjustment Services, Department of Labour, Pretoria, South Africa.

TUBERCULOSIS

1300. Medina, Ermilio Esquivel

Rehabilitacion del tuberculoso pulmonar. Mexico City, Mexico, Comite Nacional de Lucha Contra la Tuberculosis, 1956. 98 p. illus., charts, architectural drawings.

Discussed are the basic fundamentals of a tuberculosis prevention program, general considerations of rehabilitation, the problem in Mexico, rehabilitation programs in hospitals and sanatoriums, rehabilitation services after discharge from the sanatorium as illustrated by certain specific facilities in countries other than Mexico, social service and legislation in control and prevention of tuberculosis, and rehabilitation plans for work in this field in Mexico. Bibliography of 135 references.

This book is distributed in the United States by the International Society for the Welfare of Cripples, 701 First Ave., New York 17, N. Y.

The NATIONAL SOCIETY



for

CRIPPLED CHILDREN *and* ADULTS

Founded in 1921, the National Society for Crippled Children and Adults, the Easter Seal Society, is a nationwide federation of fifty-two state and territorial societies dedicated to the purpose of helping crippled children and adults. This objective is implemented through a three-fold program:

Education of the public as a whole, of professional persons concerned with the care and treatment of the crippled, of the families of the crippled, particularly parents, and of volunteers and employers.

Research to provide increased knowledge of the causes and prevention of crippling, and of improved methods of care, education and treatment of crippled children and adults.

Direct services to improve the health, welfare, education, recreation and employment opportunities for the crippled, toward the goal of rehabilitation.

IMMEDIATE PROGRAM AND SERVICES

Services are determined by unmet needs, existing facilities, resources of the Society

and availability of trained personnel and include case finding, diagnostic clinics, medical care, physical, occupational, and speech therapy, treatment centers, rehabilitation centers and curative workshops, mobile clinics, special education, social service, psychological services, sheltered workshops and homebound employment, promotion of employment opportunities for the crippled, recreation, and provision of equipment and prosthetic devices.

The National headquarters provides professional consultation in program planning and community organization to state and local member societies. It maintains liaison with medical specialty groups, offers legislative guidance, a nationwide lending library devoted to literature on handicapping conditions, and a free national personnel registry and employment service which recruits and refers professional workers. It also has an active program of professional education, including scholarships and fellowships, summer workshops for training of professional personnel, exhibits at professional meetings and the publication and distribution of printed materials.

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